

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 | 579817

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13	1						
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	1						
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38	1						
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1						
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			5		↓		↓
TOTAL DEP.			57		←		←
TOTAL CLAIMS							